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JAN 12 2023
SD Secretary of State

Conflict of Interest
ELECTED OFFICIAL
Statement of Financial Interest

Deadline to file: Within **15 days** after the person assumes office.

File with: The **SECRETARY OF STATE** except **local candidates** file with the office where they file their oath of office.

Elected Officials who file: **State Office** elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print:

Full Name Kameron Nelson

Complete Address 221 N 23rd Street, Sioux Falls, SD 57105

Office *(list District number if applicable)* State Representative, District 10

What is your occupation/profession? Philanthropy

****If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below.** ☒ **NO Changes** KN

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Kameron Nelson	LifeScape Foundation	Employee
Kameron Nelson	SD Legislature	Member

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Kameron Nelson
(Signature)

1/12/23
(Date)